

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
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TOTAL IND.						
TOTAL DEF.						

	IND		DEF		TOTAL	
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TOTAL IND.						
TOTAL DEF.						